2006 Dollar Certification of Budget Request to Board of County Commissioners L-2

School Districts (the L-2 worksheet and the Voter Approved Fund Tracker must be attached)

District Name:					County(ies):			
Fund	Total Approved Budget*	Cash Forward Balance	Other revenue <u>NOT</u> shown in Column 5	Special Remittance (Line 14 of L-2 Worksheet)	Balance to be levied	Calculated Levy Rate	Maximum Levy Rate	
					Col. 2 minus (Cols. 3+4+ 5)	(County Use Only)	(County Use Only)	
1	2	3	4	5	6	7	8	
M&O								
		Subtotal: (non-	exempt funds) Total to	rt and tuition funds:				
Column Total:								
I certify that the amount To the best of my know					_			
-				•				
Signature of District Representative				Title	Date			
Please print Contact Name,	Mailing Address, and I	E-mail address						
Phone Number:	()			Fax Number:	()			
		No	et Taxable Market ` For County Cl		on:			
County Ne		New Constru	New Construction Roll Value:		Annexation Value:		Net Taxable Market Value:	
	Total Value:							